

Working in the Time of COVID-19 Oral History Project
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Tashia Hankerson
Patient Services Specialist, Harborview Medical Center
Vice President-Acting President, AFSCME Council 28 (WFSE), Local 3488

Narrator: Tashia Hankerson

Interviewer: Ashley Villanueva

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ASHLEY VILLANUEVA 00:00:17: So this is Ashley Villanueva, interviewing Tashia Hankerson on April 22nd, 2021 at 2:32 PM Pacific Time for the Working in the Time of COVID-19 Oral History Project. This is a remote interview and I'm in Seattle, Washington. And Tashia is—

TASHIA HANKERSON 00:00:38: In Puyallup, Washington.

ASHLEY 00:00:40: In Puyallup, Washington. Awesome. Before we proceed, I'd just like to make sure that we have your consent to record this interview.

TASHIA 00:00:49: Yes, ma'am. You do.

ASHLEY 00:00:53: Okay, so, I will get started with some demographic information questions. Feel free to ask clarifying questions, if anything, throughout the interview. What is your name, and can you please spell out your first and last name?

TASHIA 00:01:10: Sure. My name is Tashia. T-A-S-H-I-A. Last name, Smith, S-M-I-T-H hyphen H-A-N-K-E-R-S-O-N, properly known as Tashia Hankerson.

ASHLEY 00:01:26: Wonderful, and how old are you? What is your birthdate? And where were you born?

TASHIA 00:01:33: Oh, wow. Um, (*high-pitched noise, laughter*) you never ask for an age, right? I'm over fifty (*laughs*). I was born in San Diego, California. Is that, is that gon' work?

ASHLEY 00:01:52: Yeah. And what gender, if any, do you identify with along with your pronouns?

TASHIA 00:02:00: I am a female, and my pronouns are she, her, his. (*laughs*)

ASHLEY 00:02:09: What race or ethnicity do you identify as? And how important is your racial or ethnic background to you?

TASHIA 00:02:20: (*clears throat*) Excuse me. I am African American and American Indian. However, in Oklahoma, they don't necessarily recognize that combination. So I have had to live life as an African American.

ASHLEY 00:02:38: Can you talk about what social, political, ethnic, racial, or religious communities that you regularly connect with or participate in?

TASHIA 00:02:49: Use? Completely? Excuse me, ask me that question one more time please?

ASHLEY 00:02:54: Yes, of course. Can you talk about what social, political, ethnic, racial, or religious communities you regularly connect with or participate in?

TASHIA 00:03:07: So I regularly participate in what some would call the Pentecostal faith or denomination, however, I am non-denominational. In my heritage—mine, which my mother was grateful enough to allow me to choose, separate from my family's background, but incorporated all of them. So in our history is Catholicism, there is a strong Protestant background there, and a [?church of living God?] background. But luckily, I had the ability to make my own choices, and not everyone in my age group did. (*clears throat*) Excuse me. I also identify very heavily with the labor movement. I'm active on a daily basis with that and I have been for twenty-plus years. I'm also very connected to—trying to figure out the right way to say this (*pauses*) other social groups...that foster community involvement, irrespective of race or religion—that like to partner with various organizations. So it allows me to pull from different communities at a larger communities and then just participate in quite a few other community groups around the state and region nationally as well.

ASHLEY 00:05:06: If I may ask, would you mind expanding upon those other groups that aren't necessarily affiliated racially or politically, but that you are a part of?

TASHIA 00:05:16: I can mention a few. I can't mention all of them. But (*clears throat*) excuse me, so yes. My local union, which is Local 3488, is out of Harborview Medical Center here in Seattle, Washington. It's part of the Washington Federation of State County Municipal Employees [WFSCME]. To which at present time I am the Vice President-Acting President at the present. I also sit on that statewide Executive Committee for the council. I, excuse me, represent the AFSCME, which is the American Federation of State County Municipal Employees. I represent the Coalition of Black Trade Unionists [CBTU]. I represent—Jesus, let me go down the list here. In the region, at the national level for the CBTU, I also sit on their women's committee for CBTU nationally. I can't even go through all of these things—acronyms I have in my head. Geez, those are a couple of the predominant ones. But I couldn't name them all if I had to. I really couldn't. I'm sorry. There are quite a few. The people of color coalition in the state of Washington, I mean, it just goes on and on and on. So I really am where I'm needed most and I try to be present.

ASHLEY 00:06:54: Yeah, of course. No worries. Thank you so much for listing some of them that you do remember. And just to go on to the next demographic question, where is it that you live now?

TASHIA 00:07:13: You can say Puyallup, Washington is a dominant, but also in Seattle proper. And just within the past year, I also had another residence in Tacoma, Washington, so about the sound.

ASHLEY 00:07:30: Great. Now I'll be moving on to some occupational information about you, starting with what is your occupation or profession?

TASHIA 00:07:41: Thank you. I am a Patient Service Specialist at Harborview Medical Center's Emergency Room at present time. I own a few businesses on the side. Yeah.

ASHLEY 00:07:57: And how long have you been employed in your job, your primary job?

TASHIA 00:08:03: I've been there for, well, in a few—two weeks, it'll be twenty-two years.

ASHLEY 00:08:10: Wow. And that just answered my next question about how long you're in that same place of employment. And I know earlier, you did mention that you were in a union, or I think a couple. How long have you been a part of those unions?

TASHIA 00:08:25: Yes, thank you. That's a great question. So initially, when I started employment at the University of Washington, I was an SEIU [Service Employees International Union] member. I stayed with SEIU, maybe four or five years, and I was an SEIU prior—SEIU member prior to that at Swedish Medical Center as well. (*clears throat*) Excuse me, and then when I came to Harborview, I switched positions and became a WFSE [Washington Federation of State Employees] employee. And I've been there, I think sixteen-plus years.

ASHLEY 00:09:06: Earlier, I know you did also mention offices within your union as well. But do you mind actually kind of just repeating what positions you were within those unions?

TASHIA 00:09:20: Yeah. So I started out at the bottom, the average member, involved member, then I kind of got pulled in by Ms. Juanita. I'm trying to think of her last name at this moment, it's going to elude me, but back in the days of [?Althea Lew?]. So Althea was a close friend of Ms. Juanita and [?Berlin Chicana?]. So some of these strong women—[?John Frazier?] was there from my very first beginnings. So I mean I had—oh God I'm trying to think of that older—there was an older African American activist at University of Washington when I was still there. These members were like founding members of the movement, probably from the eighties forward. When I came along, they were still active. And they grabbed hold to me, and pulled me in. When I got to go through my local, I held every position, so secretary, treasurer, E-board member, Vice President, et cetera. It just kind of went from there, policy groups, executive boards, and it just never stopped. The desire to learn was always there once I got involved, and especially when they sent me to different meetings. So it would start with a women's—a National Women's Convention, or they had national education things. One of my best experiences ever, believe it or not, was when my local sent me to my very first—What do you call it here? In this state affiliate, AFL-CIO [American Federation of Labor and Congress of Industrial Organizations] meeting, I think that was back in Cleveland. And the national president at that time was a lady and she was so powerful. She just reached out to me, never let go, and I was like, I can do this. And she so much as said to me, "You can do this". I remember she took me to lunch with her. I was like, Okay, you can do this and never stopped. Never stopped. I was so—I mean, you're talking about women who raised their children in the movement. When I finally had my last son, and he was a child, I would bring him to those same meetings with me in my arms. My—anyone who knows me, they've watched my children grow with me. Because yeah, union all the way, and it's only because of the example of those who came before me.

ASHLEY 00:12:00: That's a really amazing story, and I can't imagine being a part of something just so powerful as these unions that you've experienced. Just one clarifying question, you mentioned AFL-CIO. Do you mind expanding, or not expanding but clarifying what it is that is?

TASHIA 00:12:22: It's another acronym, excuse me, for the American Federation of Labor Organizations. It's an umbrella for labor, much like AFSCME, much like SEIU. However, in the AFL-CIO, most of those heads will partner with other heads around the nation and the one of those heads, so to speak, one of those major umbrellas to the labor movement is the AFL-CIO. The history in the AFL-CIO is quite powerful. I would suggest anyone go back, do a history study on it, on its involvement in the welfare and the well-being of organized structured labor, at its very roots, at its very origin, in terms of how we learn to organize for better health care benefits, for better housing, for better—anything that wasn't necessarily

employment-related came out of AFL-CIO. So if you can recall back to the sixties with Martin Luther King [Jr.] and them marching for labor, that was for the benefit of having work, right? That was for the benefit of having working wages and things like that. But it became necessary very quickly, to not just improve the ability to maintain work, so that families could exist, but to—and to maintain working wages—it became important for those laborers to have sustaining forces behind them so that they could maintain long-term employment. Those benefits extend to their families, so some of those benefits are direct, some of them are indirect. And the coordination of a lot of that is the result of the AFL-CIO, nationally. Now very proudly in the state of Washington, for the first time that I'm aware of, we have an African American in a head position for the state of Washington, and the AFL-CIO, Ms. April Sims.

ASHLEY 00:14:45: That's really, really, amazing. Thank you so much for running me through that. As for your next question, going back to your occupation. Can you run me through a typical day at work before the pandemic, from the time you woke up to the time that you went to bed?

TASHIA 00:14:10: You want a general recap or just a daily recap?

ASHLEY 00:14:14: More of a daily recap. Yes.

TASHIA 00:14:16: So, on a daily recap, I would awake most days between 3:30 and 4:00 AM. I have a two to two and a half hour commute, and I'm at work by 7:00 AM every morning. At 7 AM (*clears throat*) excuse me, it depends on where I start my day. I might start my day at the pre-registration desk area. I can be at the registration desk area. I'll be in the back of the ED greeting medics, AMRs [American Medical Response], air lifts as they come in off the ramp. Normally, [I'm at] that first point of contact when patients come in, if they were making it into the hospital at all. So if they were being transferred from other hospitals, we were sitting there coordinating that to make sure everything is in place. And if something's missing with patients, I'm trying to identify them, I'm trying to fill the gaps, I'm trying to locate next of kin, I'm working with social work to do so, trying to find funding for them to ensure that the bills get paid so that they are able to get the care that they receive without the stresses of those issues of the day. In a typical day, it might start off slow, probably but geared up. And by the time you get to the end of my shift, which is—they're twelve-hour days, yeah—that emergency room is in full swing. It's the only level one trauma center for seven states, and that's the seven greater states, but we still get transfers from all over the world. And you're coordinating care to make it happen, I got to make it happen for you and I got to make it happen quick. You're encountering a whole host of things. You're there for families when they walk in to see about their loved ones. You're picking up the pieces for people and trying to make sure that the holes get closed before they leave before their visit, so they know how to stay connected, so they get the help that they need. (*clears throat*) Excuse me. You're prepared to point them in the right direction because many times they're placed in circumstances that are new to them that they're unfamiliar with. Or their realities have changed and they don't know how to really move forward. More often than not, you're meeting people who do not have a healthcare system or a healthcare team in place to make these changes. And so me, I can't speak for the rest of my team, but I do come, I think, with a pretty strong understanding of the medical navigations. I have a heart and a passion to see people well. I want to see good outcomes in them, and I'm there to help people, to direct them. I think I'm a big huge resource to others. I often see in my days—I see people who come through for the first time. I see people who come back with their grandchildren, with their great-grandchildren. I've seen people come back after having been to prison for twenty years. And sometimes they just stopped by to say hi, because I'm a constant to them, I think, in that community. I've seen—I've seen a lot being where I am. And I'm glad that—I'm glad to be there as a resource for so many people.

ASHLEY 00:18:56: Wow, that's very moving. I think having that type of community is really important, especially with the type of work that you do, primarily in the emergency room. I feel like that it's very great that you recognize how important that your work is being that community and feeling that community from others. And kinda to 180 this, how has your work been impacted or disrupted by the pandemic?

TASHIA 00:19:31: Yes. I guess I can mention something that we talked about last week. So before the pandemic, I had a greater ability to help others. I had—I could walk you through it if I were able to. I could guide you through resources or I was able to intervene in circumstances more freely to prevent breakdowns in communication and systemic failures. I was able to go out on that ramp when the car pulled up with GSWs [gun shot wounds] and pull you in. I was able to go out to

the door, you know, I've had people walk through the door, shot, and just collapse, and we were able to go and get you, you know, made it close, we got you the rest of the way in. Yeah, a lot of those freedoms and liberties to help others are gone. There's a lot more distance now, in terms of healthcare. I'm—I fear that because those long-standing structures and systems that were in place to help the most vulnerable populations, that safeties that were there before, all of those or most of them, a lot of those community resources fell by the wayside. The shift to electronic communication was difficult. I think it still fails people because it comes at an expense, you have to have money to have a phone, you have to have resources to have the internet or access there too. And that's just one avenue, there were people who had those resources, but then the systems themselves were not available. So where I would normally refer someone to housing resources, they weren't there. You'd refer—I would walk people sometimes on my lunch break around to the food banks around the hospital, just to make sure that they had a meal to eat. And a lot of them were not open, even when the shelter at Harborview was there. They wouldn't [inaudible] _____ sturdy they were not. And so when you do have people who walk past you, and they're hungry, and they're asking for food, yeah, I would give my last but I know many others did not because they assumed those resources were still available. And even to this day, I see that being impactful. But I pull back because there's another implication that I think it's also important to note as a resource. So, having seen several developments in healthcare over these last two decades, when there are introductions to new, new things, [namely] Obamacare, it changed the flow of medicine for people. So now we have this pandemic, and it's changing the flow of healthcare, and it's changing how people access help. And I think that systems, state systems, community resources, have not been able to necessarily change in a timely fashion that keeps people connected, and if they have been successful at it, the systems that they partner with that interchange, yeah, there are breaks. And I wish that people—when I say people, I'm talking about people with the power to make systemic change. We need them to be more flexible and we need them to move quicker to recognize those breaks when they occur. And to understand that they need to be made available to many different people, not just language barriers, but there are cultural barriers, there are—when I say racist barriers, there are structures in place and people, even. All those things are playing themselves out, and it's affecting the lives of others. So I'm sorry, you talked about a typical day, right? Typical day. So it's important if someone's coming into a hospital, they come to receive help, and they come to get what they need in order to go to the next place in life. I see these things. Things every single day, right? And I want to make sure that if somebody comes back and reads this, or watches this video, they make—they learn from it and that they make changes moving forward.

ASHLEY 00:25:09: Yeah, of course. All of what you said, some may be known to the people in our current day, but others really just aren't known because they are very, very internal and wouldn't be known by the normal, regular person who isn't within the system. So I think it's so important that you're bringing this up, especially in the context of the pandemic. I think what really stuck with me with what you're saying to this question was how the pandemic was changing the flow of healthcare and access to help. That is such a striking statement, I think. And I'm also hoping that with what you're saying, it strikes some change in our system. So onto the next question, which may seem already kind of known, but just for the sake of question and answer purposes, were you designated as a frontline or essential worker by the Washington Governor's [Jay Inslee] Stay Home Stay Healthy order?

TASHIA 00:26:31: No, not formally. However, my position was and is a frontline worker. Hold on one moment, I'm going to get someone to come and get my birds. *(steps away)* Sorry about that. I was not identified, my position—My position was not recognized, it wasn't named. However, by the list of positions identified, how can you say it, how the feds said if you were in healthcare, then I was identified as a frontline worker. I don't—I definitely do not feel like I got any kind of respect or recognition at all for the work that I do. I can say that I worked throughout this entire pandemic. Literally the entire pandemic, from beginning to the end. For the first six months without any barriers, without any real PPE [personal protective equipment]. All of those resources were for nursing staff and medical staff to keep them safe. All we were really given at times *(pauses)*—I remember, I remember going to the Dollar Store and buying baskets of hand soap, because the soap at the hospital is so hard, it destroys your hands. But that was all me and my coworkers had to protect ourselves, was to keep our hands washed. *(sniffles)* And till the hospital was able to secure some different types of wipes for better sanitation and gloves, the first six months, that's all we had. That's all we had. We took turns buying our own resources to keep ourselves safe. I was very grateful to people around the country and there were many who sent in, excuse me, my heart just quivers because I—*(chokes up)* this is where the community helped me. People from around this country sent masks to help us and it was so well received and so necessary. After that, maybe October of 2020 *(sniffles)* we were able to finally get some plexiglass in place. But again, most of those resources *(wipes tears)* whether you worked

in the tents, outside the tents—the COVID tents—they were reserved for nurses and doctors. (*pauses*) So no, I did not get the classification [as a frontline or essential worker], but I did the work.

ASHLEY 00:29:46: Thank you for letting me know and, again, if you do need some time.

TASHIA 00:29:54: Sorry. It comes from the heart because we put our lives on the line every day. We see them before the doctors or the nurses even. We didn't have—We don't have any control over what we meet, but we met it bravely, each one of my coworkers met it bravely. [*inaudible*] ____ Some left this day. We were all afraid—Everyone was afraid. I remember the fear that you could watch, you would hear it. Doctors were afraid. Nurses were afraid and they all talked openly about it, but we didn't let the public hear that fear. We gave our all every day not knowing what we would meet. An essential worker I am.

ASHLEY 00:30:50: Yeah, yeah. I think this next question kind of really goes hand-in-hand with what you're already saying. But if you want to expand upon or add on to it, the question is, did you ever feel in danger or that your health was threatened on the job as the result of—as a result of the pandemic?

TASHIA 00:31:15: Yes. (*clears throat*) Yes. (*laughs*) Yes. And yes. So leading up to the pandemic, the emergency room where I work was getting progressively dangerous anyway. It was—it was getting so dangerous that literally, we would have to call SPD, Seattle Police Department, into the emergency room, sometimes multiple times a night. But then with COVID, came more, more dangers. So much so that they had to put up metal detectors around the hospital as points of entry. (*clears throat*) They had to pull out the active Washington State Troopers. They brought in reserve troopers because they wanted to keep the current troopers safe from COVID is my understanding, and they had other needs—they had needs for them around the state. We had social needs around the state that demanded their immediate attention as well. With the chop zone, we literally had people walking up on our ramps with AK-47s trying to come in the doors. People will be walking throughout the hospital with machetes. So the dangers there were very real and a lot of the steps that came to keep us safe were of a physical safety need. When you add to that—we talked about barriers. So barriers, right? We talked about those internal barriers. So how one person, be it a nurse, or another care provider, might be talking to a minority, they don't necessarily realize that they're talking to them from a position of power. But in the midst of COVID, it's received that way by people of color. And so some of those tensions ran high, and our—many of our team were attacked. We've had nurses backed into corners, threatened at knifepoint. (*sniffles*) I mean attacked, I'm talking about attacked. They threatened us. I have been met—(*clears throat*) excuse me, had somebody follow me to the garage after work. I mean, like all of—all of our staff have faced this increasing undercurrent of anger. And so it's been very, very, very heightened state of safety, whether you're at work, on your way to work, or you're trying to leave work. I think it changed. It changed a lot. It changed a lot.

ASHLEY 00:34:27: That's—that's really very heartbreaking to hear, especially because you are all essential workers that should never be put into those situations but—

TASHIA 00:34:44: It's a different time, and people are broken. They don't always have wayfinding skills or—and sadly, sadly, sadly, please from the depths of my soul, sad to say, but those same racial barriers will tell someone of color to get out when they're there to get the very help that they came for. So hopefully with time those barriers will improve as well so that more people can get the necessary help that they need.

ASHLEY 00:35:25: Yes, I agree. On to the next question. How did your work responsibilities change with COVID?

TASHIA 00:35:37: Yeah. So, at the hospital, our hospital, Harborview Medical Center, the University of Washington, we took a huge hit at the beginning of COVID, huge financial hit to the initial tune was \$500 million. So they were looking to cut resources and activities immediately. To curb some of that, staff, what they deem non-essential staff, clinic supporting staff, financial staff, excuse me, a lot of those positions were furloughed immediately. (*sniffles*) You could pick it—they started it back in May and June [2020], furloughing people. I remember going into negotiations for that to try and save the hospital money, then the state came out. And the state talked about its financial burden. And so there was a need to extend those furloughs across all state agencies and enterprises and because the [*inaudible*] ____ those workers, we hit it back to

negotiations to kind of [inaudible] _____ some of that off, but many state workers were and still remained without employment. Even at Harborview, not everyone has returned to work, and this is a year later. So all of those resources have not returned to the pre-pandemic numbers. From the highest positions to the lowest positions. It's affected every single aspect of healthcare. They have tried to restructure, reorganize, combine—there are new, longer long-term plans to restructure which would reduce the workforce, I think, in order to save the money moving forward, especially with the implementation of other electronic tools, electronic—anything that can be done virtually, or if you can use non-human contact, labor, to conduct those things that are all being implemented now. And my fear—my deepest heartfelt fear is that true gainful employment in the minority sector of labor will be lost [inaudible] _____ from that place, they're looking at it and [inaudible] _____ from those that are essential right, [inaudible] _____ to remedial and or we will re-train some people so that we can all stay employed. [inaudible] _____ be gained, employment structures will be gained. But I don't see anyone sharing those strategies with people of color. Thank you for coming back, Ashley. So I tried to keep talking till you came back. And, and I'm hoping that we can start to make some good connections to strengthen people, to remain gainfully employed for decades to come. And that we'll learn from this and do better.

ASHLEY 00:39:37: Thank you for continuing to talk with that technical difficulty that I had. And I know for this last question, you were talking about staffing change within COVID and how many of the staff that were deemed non-essential were furloughed in early or late spring [and] early summer. I just wanted to ask, how did it change over the course of the rest of the year? So from spring [2020] to summer [2020], to fall [2020] to winter [2020], and then to this spring [2021] again?

TASHIA 00:40:12: Yes. So, initially huge, huge furlough counts right, unless you—so for example, I'm in the emergency room, nurses and doctors were deemed essential, they did not have to furlough. My department also works in the emergency room, but we furloughed. (*clears throat*) Radiology furloughed—I mean, any of those kind of supporting structures, we furloughed, and we were already short-staffed in my department. Throughout the hospital, same or similar circumstances, you already had departments who were working short-staffed, trying to save money for the budget just to keep jobs. So the history of that at the University of Washington was already long standing. Then you had pretty much people were put in a place where they had to choose the safety of themselves or their loved ones. And the only option to do so was to go on unemployment to get them through COVID because there were these huge unknowns. You had moms who had to take care of their children or their parents or their grandparents. I've watched many women walk out the door, thinking that they made the best choice that they could for their family. I've watched them lose so much, so very much. Thank God for the moratorium on evictions because these women walked out to do what they had to do. And even [inaudible] _____ they feel like they made some very hard choices, so some of it was voluntary. When people did start returning to work, I could start to say, I started to see an increase, maybe around September [2020], in terms of the number of people returning to the hospital (*clears throat*) excuse me. Those clinics began to open again, probably September-October [2020] timeframe. That made our numbers go up a bit, a lot, maybe a little before September, so probably around August, the numbers started to go up, surgeries started to happen again. But the rate was reduced as we got closer to the end of the year, there was another increase. In February [2021], I believe it was, the state started to open up, so those resources that could return have tried to return. However, what I'm seeing now is still not a full return of employees. They had to pick and choose which people to bring back. If you can't bring everyone back then they're choosing which ones, so I'd say probably 75 percent of what was pre-pandemic is back. However, we're now in a decline back to phase two in a lot of areas. While at the University of Washington in Harborview, we have not directly been tied to the phases, other healthcare systems and structures have. But amid the need to continue to vaccinate people. And I hope you get a picture of that—of our COVID tent in here. If anybody does the research on this, go get our COVID tent, we had the first one in the state of Washington at Harborview sitting in front of our ED [emergency department]. First ones to get vaccinated. We—I mean, we're putting it out there. We want—we want to keep the community safe, so if it wasn't for those kind of jump starts right now, I think that's what's helping to get our economy moving in the state again, really. It's kind of focused around vaccinating people right now. And they haven't made it necessary to maintain employment yet, but there are discussions around that (*clears throat*) occurring. In the House of Labor, there's even discussions about Will it keep people from returning to work soon? I don't know how that's going to proceed. I—me personally, I don't have any real predictions, but I could see maybe another five or six months at this pace, and in preparation for next September, we'll see if we're going to move forward or backward soon.

ASHLEY 00:45:07: Yeah, there's just been a lot going on, and it really is difficult to predict anything at this point, despite some places decreasing in cases, but some places increasing. Onto our next question, can you talk about whether you've received hazard pay as a result of the pandemic? And if so, when? And how much has it continued?

TASHIA 00:45:33: I've never received a dime, not a penny, not a single penny. It's not offered, it's not on the table, and the University of Washington nor Harborview will entertain it. As the acting-President, I started a campaign to ask for it, but it seems to be falling on deaf ears. Nurses have received hazard pay. Anyone who floated down to that COVID tent received hazard pay. If you floated up to a COVID floor, you received hazard pay. But I work right there, I haven't seen a penny. None of us have seen a penny. It's inequitable, and I believe it's inequitable based on a job description, and they're not paying attention at what people are truly (*pauses*)—they're not paying attention to the full cost of a human life, or those lives attached to that person in this space. They don't—they're not recognizing that COVID doesn't have a face to it, and that it doesn't pick and choose who it attacks. So if we're sharing that same space with COVID, then I think we should be entitled to hazard duty pay. No (*shakes head*). We shared space, patients are still touching my desk, touching my resources, accessing me. I've never seen a penny. I've never even been able to get the conversation going. I have had my reps and others and myself trying to have conversations with council members to support us on that. The fight for hazard duty pay, as you know, for grocery workers, is still being fought even though they had some victories. And I think we're going to get fought again trying to get it instituted. On the outside of that, I've asked if the state would consider maybe giving some form of retirement accommodations in lieu of money. But even having that conversation in the House of Labor was met with resistance. But I will endeavor to do whatever I can to make it right for those that put all on the line.

ASHLEY 00:47:47: Yeah, and I know, you've been talking about some of the actions that you've been taking in order to have this [hazard duty pay] for essential workers and you all, but can you talk about how exactly this made you feel?

TASHIA 00:48:03: About the hazard duty pay?

ASHLEY 00:48:04: Yeah.

TASHIA 00:48:07: (*clears throat*) That's a difficult question. First, I want to answer it on behalf of my members. It means the world to them. It means—it literally, to their families, and to my members, it's respect. It's to acknowledge the work that they've done, their commitment to these institutions, their commitment to the state of Washington. They feel neglected, they feel—I've had, these are the conversations that I've had to have—no dignity because they don't have the title of nurse or doctor. The work—the level of work, the measure of work that they have had to add to their daily jobs has increased those workloads. I mean, you hear them talk, they say that their workloads are almost unbearable. More often than not, you're working short-staffed because there are callouts, or people, they're staying—they're quarantining. So those staffing levels are affected on a daily basis, and someone has to shoulder the weight of those schedules, and normally it's on—it's on the workers. To say that no one recognizes the risks that they have endured on a daily basis for the past year and something, as if their lives didn't matter, is an understatement. There must be a way. We have to set right those wrongs and the balance, and balance out equity, diversity, and inclusion for all. So when they do begin to restructure, when they do begin to regroup, moving forward, that care team—that balance of power in a care team is shared, right? An MA [medical assistant] should get help from a nurse, [it] shouldn't just be that the nurse throws the workload on someone else of a lesser position, and vice versa, and that's throughout the entire course of healthcare. We need to do a better job there. Personally, (*clears throat*) personally, would it have been nice to get any of those resources that were allocated for those doing the work at the scariest moments of this pandemic? Absolutely. [*inaudible*] _____ any of those other benefits that were handed to others, so you felt a little penalized. And when I say that, I'm saying, even from someone at my level of work, right, the middle, maybe a middle person, you felt a little penalized. For those that were making well over the [\$]150,000 as a couple, that's a husband and a wife, that's the nurse and a teacher's income together—not very much, right? (*clears throat*) But some nurses, their husbands lost their jobs. But the nurses made too much, so they didn't qualify. So we felt a little bit like the working poor in the midst of the pandemic. [We] felt like it was kind of unfair when you heard other people were stacking their cash and they weren't paying their rent, and they're buying new cars, and you have others just trying to hold on, you're getting up going to work every single day. But you're struggling to pay the mortgage. And you're struggling to come up with the time because we're working. We're working. So you're struggling to come up

with the time or the resources to just keep moving forward. No one ever acknowledges that. So hopefully, we'll be successful in our fight to recoup and recover.

ASHLEY 00:52:37: Thank you so much for sharing. For the next question, I know you did briefly talk about this through other questions, but just to direct this one for you, what actions did you and/or your union or coworkers take to address issues in the workplace?

TASHIA 00:53:01: Well, we've had many, as you can imagine. Sadly to say, it's so sad to say, but we talked about the resources. I mean, please, anyone who watches in the future, don't think that I'm coming after the University of Washington. I'm not. They're my employer. I'm happy to be gainfully employed, but there's room for improvement there. How they decided who got plexiglass during this pandemic. How they decided health and safety measures during this pandemic left people at risk. Our union had to take action. And WFSE [Washington Federation of State Employees] came through and we bought the plexiglass. We bought masks. We took action and demanded, demanded, (*laughs*) that we get the PPE that we needed and those were hard fought battles. I told you earlier, [it] took six months because money was an issue. And when the union provided, then the employer felt like we didn't necessarily like the way that plexiglass looks so they took it down. We didn't authorize barriers in this area. We're still fighting, even to keep our workers safe in their break rooms. There's not enough space to do social distancing there. In some break rooms, we have sixty, seventy, eighty people at a time in one small break room. No place, no—not enough lunch room space, not enough anything. And this is through the winter months, whatever. We're taking action monthly. Every month we're still fighting for our members to stay safe, and we will continue to fight for them to stay safe. We will continue to fight for their rights to be respected on the job. We will continue to fight for their abilities to work from home, if it keeps them and their family members safe. That is an unyielding resolve and commitment to our members. When I say unyielding, unyielding, (*clears throat*) we have put measures in place, hopefully, that will ensure moving forward that we remain at the table on those health and safety issues. We do need to probably change the balance of power in terms of how health and safety issues are made moving forward because right now the employer is leading at that conversation. Most likely it's because they have the specialists at the University of Washington who are making these choices of change for an entire state, so we have to lead by example. But the balance, the humanity of it needs to not necessarily be shouldered by the workers. So who makes these changes? We need to make systemic change in those areas as well and be at the table for those conversations moving forward. Yeah, we're gonna keep moving, keep moving. Absolutely. Every day. They're still trying to close down cafeterias and fire workers, and we're fighting them tooth and nail because as the system comes back on board, workers should be coming back on board and we're not stopping.

ASHLEY 00:56:44: Yeah. And you mentioned that you, your workers, your unions are, you know, fighting monthly. I would just like to know how has your company or management responded to these? (*silence*) Hello, Tashia? Are you there?

TASHIA 00:57:54: [inaudible] ____ Through change, and we need them to learn and know that somebody else is fighting for them even when they're not there. Yeah. We'll be better. (*laughs*)

ASHLEY 00:58:21: Yeah. So do you know how this response compares to non-union workers in your industry?

TASHIA 00:58:27: Yes (*laughs, exhales*). The deep breath (*laughs*). We are state workers. I want to say that proudly. (*clears throat*) I said earlier, I am proud to be gainfully employed during this pandemic. I am a state worker. And as a state worker, I'm governed by state budgets and state funding. As I discussed earlier, there are limits to those especially amid the healthcare when it comes to our commitment to the greater community. Sacrifices had to be made [inaudible] ____ in order table, so to speak. If we worked in a private hospital, those people did receive hazard duty pay. We did not. I have members who left state of employment to go to the private practice or private enterprise system for the money's sake. Those people did have access to PPE, (*pauses*) even if they went and founded other outside opportunities. The money for working during COVID—so what true, what you truly saw is those people who still remained [inaudible] ____ for the state of Washington during this pandemic, they did so out of a commitment [inaudible] ____ into the people in their local community. And I believe that that's the commitment that keeps them grounded and focused and committed moving forward. Like I said, one to another. You never feel like you're in this alone when you're in the union because there is

literally someone. [inaudible] ____ Yes, I'll help you, brother. Yes, I'll help you, sister. You're not in this alone. We may not have what others have, but we have a heart to take care of the people of the state of Washington.

ASHLEY 01:01:18: Yeah. Moving on to our next couple questions. Did you access any government or community support due to the virus? And if so, where did you get help?

TASHIA 01:01:38: What—let's see, trying to answer this question truthfully and honestly. I—(*pondering*) the only thing that I can think of is when I was on layoff status, the University of Washington offered a subsidy, I think, of \$750 and I did ask for that assistance. And that's because it took unemployment many months to compensate me for my time off. I have workers now who have yet—and this is a year later—have yet to receive their unemployment for layoff status during COVID. I have members and coworkers who have yet to receive one of those stimulus checks from the federal government. So the struggles out here are real, especially for those who've been able to work. (*clears throat*) Excuse me. If you were affected by layoffs, if you were affected by COVID [inaudible] ____ affected by COVID. Because I work at a hospital, because I work in an emergency room, my coworkers have been exposed to COVID [and] contracted COVID. They put you on a mandatory fourteen-day quarantine. Much of that time has shifted in terms of if it will be compensated versus when it will not be compensated. A lot of that is the understanding individual managers have the qualifiers for change. So nothing that's really written in stone about how we're going to protect people getting access to the vaccines. (*exhales, shakes head*) They say one thing and do another in terms of will they compensate you for your time, but as I've said, we really haven't seen any real compensation there from the hospital. We'll keep fighting because I have had contact with members who have been inadvertently impacted, have had hardships when both employees work at Harborview. One is put on quarantine, that means the other must quarantine, that means a household is now without income for anywhere from two to four [weeks], maybe six weeks before their check status returns to normal. And as we know most families in America can't go past one paycheck. These are working employees, working members. We need to do better. As an outcome to the pandemic, I'd hope that the state of Washington will put safeties in place that prevent this from happening. It's COVID today but it can be something else tomorrow. This is an area that needs to be addressed.

ASHLEY 01:05:03: I totally agree with that. And to kind of go off of what you mentioned about having some of your coworkers actually contract COVID, what are your thoughts or feelings about that? And have you ever gotten sick from COVID?

TASHIA 01:05:21: Praise God. I told you, no PPE. No, nothing. The only thing I had was my faith in Christ. He's carried me through every single day. Thank you, Jesus. Every single day. I have never had COVID. I'm diligent. And I'm faithful. My coworkers have had COVID. (*clears throat*) We've had outbreaks in my department, and many departments at Harborview. Many departments have had outbreaks. We've lost members in this battle. (*pauses, exhales*) May they rest in peace and their family be blessed. It got to the point with me that, initially with COVID, I felt like I had to protect myself knowing that COVID could walk up to me through a patient, right? So I knew how to protect myself from transmission from a patient. What I was unprepared for was how to protect myself from my coworkers who were working right beside me in a small, small space. And not thinking that COVID could be that close to me. So when the outbreak started and I had to realize that I couldn't just not trust the person on the other side of the table to tell me because people don't know. They don't always know to walk up and say "I think I have COVID". Some do. Some don't. And COVID isn't the only—COVID isn't the only care concern at this time, as well. There are other concerns that the CDC [Centers for Disease Control and Prevention] has put out there. We're always vigilant. Vigilant in looking for threats to the community-at-large when they come in. When that felt—that space began to feel unsafe at all times, it changed my perspective on boundaries. And it no longer became just about trying to keep my space safe. [inaudible] ____ keep me safe, [inaudible] ____ have that within me, that I take with me every day. I think we all do now. It took—that was a real shift in mindset, right? How do you keep yourself safe? We're used to caring for others, but it got so real, so fast, that you had to learn how to keep yourself safe. And so your own—your own survival skills kind of come into play. I think that that's a guiding force behind many right now at the hospital. When you talk to different nurses, when you talk to many different people, they're doing the very best that they know to do to survive COVID. And I'm blessed. I'm blessed. I have—my sister's a nurse practitioner, no COVID. My brother's a physician's assistant, no COVID. I mean, my family is blessed and I think it's by the grace of God and our commitment to caring for people.

ASHLEY 01:09:20: That's really wonderful. I'm so glad that you all have been safe from COVID and haven't contracted it yourselves.

TASHIA 01:09:27: Right, but there have been members who have succumbed and that's—it's a very real, it's a very real space. Like I said, we have members congregating out of necessity in crowded spaces, and then they have these outbreaks in those same crowded spaces. That's when the union comes in and we fight, how can we keep them safe? Listen employer, we need you to rotate some of these shifts. You know (*laughs*) we need you to make us so that they don't have to all be in one space together. We need this employer to step up. We need them to go electronic if that keeps everyone else safe. There are some shifts that are occurring that still need to be made—more improvements still need to be made, but we're, we're fighting.

ASHLEY 01:10:21: Next question, have any family, friends, neighbors, or strangers helped you in any way as a result of the pandemic?

TASHIA 01:10:31: (*pondering*) With COVID. Monetarily, no. I would say my biggest help comes from a 76-year-old lady who has always been willing to watch my son. That was the biggest help to me and I think to many moms or many parents because I've had single parents, dads, say the same. I've had couples who would not have been able to continue working if they did not have the support of extra childcare during this time. Biggest help to me is that senior lady in my life. I'm very grateful for her and her family that supports her.

ASHLEY 01:11:34: What has been the most challenging part or parts of life during the pandemic for you?

TASHIA 01:11:41: For me? For me, it's making sure that I don't bring it home to my family. Most challenging, most challenging. Most nights, we are still separated in different bedrooms. This is a year and something later. And I'm—normally on Sundays, we try to have family times, but we sit in different seats around the room in the same space. Not as huggy as we used to be. I'm still diligent in my household about COVID, and we will remain diligent for at least another year or so, maybe two years. (*clears throat*) Those are just the commitments that we've made to each other in this space. That's been real. I'm—the way I do my grocery shopping has changed. I haven't really been to a grocery store, maybe in a couple months now. When I go, I buy in bulk, and I try to make sure that there are resources here at the household on a daily basis so that I'm out of those spaces. I buy a lot in bulk, so that I don't have to put myself in those compromising positions. (*clears throat*) There have been needs versus wants assessments on a monthly basis at my house, but we keep our needs first. And I'm grateful for the ability to have that, others don't have the ability to make that choice. There have been other changes since COVID, but I would think those to be—well, I mean, even down to how we keep our towels separate from each other, the liquid soap, things, anything I can do to keep this space safer, I truly try to do.

ASHLEY 01:13:56: Yeah. And kind of moving on to your work as a member of many unions and different committees, were any of your meetings moved online and what has meeting online been like?

TASHIA 01:14:09: Yes, all meetings have been moved online. It doesn't matter which organization or group you're attached to, they're all virtual at this particular point in time. The ability to vote in some of those groups has been hindered. It depends on the age groups of those in each group and their ability or desire to change has hindered the flow of activity, how those groups remain active and impactful. In the House of Labor, we very quickly overcame a lot of those barriers, and I would say in most groups related to labor, we overcame those barriers quickly. However, having active participation online isn't what it used to be. It—I think, because most people learned, they knew a way of accessing help, and when that shift came, even though you told them where we were, you told them how to access us, they're still looking for those hand-to-hand, face-to-face conversations. I still have to schedule those [meetings] as much as and as often as possible. Believe it or not, I'll still take my lunch break and go and sit down with members to talk with them. I let people come and talk to me, pull me to the side whenever they see me. But the virtual aspect of it, some—we've been able to have some really good learning sessions online. Very good engagement, community engagement activities online, things that we would have never thought were possible became possible. I'm grateful for those platforms. I'm grateful for, believe it or not, constituency groups that helped make it possible. APRI [A. Philip Randolph Institute] put out some great activities for the House of Labor, and had it not been for LaCLA [Labor Council for Latin American Advancement], the

Latino community as well. We just—we were unprepared, we didn't necessarily know how to get us there. But they had resources and they had know-how that they shared with other groups. And it kind of heightened the bar, so to speak, to pull us all up together. For that, I'm eternally grateful (*laughs*) eternally grateful for the different constituency groups that do come forward. When I'm—the number of constituency groups are many. Just many. Each one has contributed something different to making sure that we keep moving forward together and stay connected, because unfortunately, as spring has sprung, you still have workers—I hate to say it, but you still have workers that work the fields or the farms in the state of Washington that need help. And now, they now have a broader audience because of virtual meetings for support. The barrier is the person. Will you step outside of yourself to stand up for someone else? And finding ways to do it. But we're creative, and I think that we have found some ways to do that. There are—hopefully with the better weather, there will be more ways to stand up and stay active in the fight for equity, diversity and inclusion, for labor (*clears throat*) excuse me, and for members rights across the board. Maybe this will be a dynamic summer in front of us. Absolutely.

ASHLEY 01:18:20: Yeah, of course, of course. These next few questions may be a bit more personal, so please feel free to answer as you see fit.

TASHIA 01:18:33: It's been pretty personal, girl. (*laughs*)

ASHLEY 01:18:36: Okay, so did you lose housing, or did your housing situation feel threatened by the pandemic?

TASHIA 01:18:45: I never lost housing. I made my house payments every month. I did have trouble with the bank, and how it applied my payments, and that put me into a compromising position. I was successful with the aid of a community group out of Seattle that assisted us with that, at the highest level. The state of Washington was there to assist as well. They both were prepared to fight this on the federal level and then submitted my case to the federal level, as an example. And because of it, we were granted a one year forbearance, they went back to make our credit history proper. And that was with me never missing a payment, right? I never missed a payment, [and] I still had a problem. There are others, though, who have not been able to make their payments in a timely fashion. I've gained resources that I have shared with others. I have a couple of lawyers friends out there that I've had to share with others, but I'm more than willing to point people in the right direction because the battles and the struggles are real right now. To keep—you'd be surprised at the number of people you work beside, who are struggling. As I mentioned earlier, I've heard—I mean, from the very highest—heard of nurses whose husbands lost their job, so now their housing was compromised. They had to trade in their pot, they had to trade in their Teslas, right? Give up the Tesla to get a Nissan (*laughs*) if it keeps your family moving. And those were real choices that I saw members making along the way. Absolutely.

ASHLEY 01:20:39: Going along off of that, can you describe the economic impacts of this pandemic? For example, being laid off, lost hours, extra hours, or overtime?

TASHIA 01:20:53: Yeah. For me, initially, we talked about the struggle and the balance between staffing and how staffing was already an issue leading into the pandemic, through the beginning of the pandemic. Most of this pandemic so far—excuse me—it's been difficult to maintain good staffing levels in my area. And we endeavor to do better. But it's real, and because of that, people are missing opportunities to earn money. They're afraid to work the overtime because that puts them back into a vulnerable position for more days out of a week. Initially, we did. Many people, many of you—many of your health care professionals that you see out there, they didn't just work their nine to five, they gave their all, and you would see people working literally seven days a week until they needed a day off, without any hazard duty pay, please understand that. So yeah, we did that. At the end of the year, as we got closer to the end of 2020, they implemented this \$50,000 cap—[\$]150 [thousand] if you were a family, or you didn't see any stimulus money. That became another barrier, especially if you were a single parent. (*clears throat*) So you get past 2020, you're coming into 2021, and people are starting to assess if it's worth it to stay working in a hot zone, so to speak (*laughs*) and not be compensated for it, (*clears throat*) excuse me, and not feel valued in this space. To have this—and I'm just going to put this out there because this is how I hear it—to have this hierarchical implementation in society that says, You don't have my title. You don't have my position. Somehow you are less than. Somehow your value in this space isn't as great. And when we get ready to make choices, you might be at the bottom. So people pick up on all of that, in terms of the value of a man or a woman or their labor. And I think that that has begun to affect their commitment a little bit. I do encourage people, like I said, where you

work and the work that you do as a state employee, the heart that we have at Harborview is unique. We've always had that commitment to the community at Harborview that most people say they've never seen anywhere else. I told you, I worked at Swedish, worked—I'm not picking. I'm not saying one is better than the other. What I'm saying is, where I work, that value system is truly [?intrinsic?] in each and every worker there. And I think that that's what keeps them there. It definitely ain't the money. (*laughs*) It definitely ain't the value that somebody else has placed on you, right? But yeah, it's starting to affect people, and you see it. They want their dignity, they want their respect. And always fighting an employer to get it doesn't seem right. I think it's doing a little bit of harm at this particular point, to not just the labor movement, but to the people that it employs. Long term, I think people will remember how they were treated during the pandemic. We—we need to do better by people. As humans, we need to do better by one another. Most definitely.

ASHLEY 01:25:23: Yeah, of course. Thank you so much for sharing that. That's—that is definitely something that we all need to think about, even into the future, after the pandemic. On to the next question, how has the pandemic impacted your sense of personal well-being?

TASHIA 01:25:46: Me? (*laughs*) How am I doing? I'm good (*laughs*) I am good. I'm well. Very well. (*pondering*) What should I say? I would say, because I'm not—I don't have a fancy title because I don't have any of those other stressors, necessarily weighing as heavily on me. On a professional day-to-day basis, that stress must be just amazing to bear, but I don't have that, I'm able to go to work and come home at the end of every day and leave my job at the job. There are some things that I do bring with me home, in terms of how much heart I put into people, and how I help people. So I carry—I carry people in my heart. I wish them well, truly from the depths of my soul. And I desire best outcomes for others. Some of that I carry with me, deeply. Some of the things that I've seen through the pandemic, most definitely (*exhales*). Are you looking for examples?

ASHLEY 01:27:24: [inaudible] ____ You can provide examples, if you would like, yeah.

TASHIA 01:27:29: Okay. When this pandemic first started, probably maybe, right, right before it got announced at the federal level—this was a brother, African American man, heavyset man came into the emergency room, and we talked about barriers to care. He was laying there in his bed for an extended period of time, and he wasn't really feeling like he was getting the care that he needed. He started to speak up for himself (*da da da*) and we talked about having that feeling of power, right? So, nurse didn't like his tone of voice, you can get out. If you know anything about power struggles, normally—and where I'm at, you can't really talk about the person that you work beside. You can't do that. We are to protect our own to a certain degree, but the nursing staff and medical staff even more, they're accountable one to another even more. She [the nurse] did what she felt she had to do to cover her ground, and then she rolled him out and told him to get out. Well, the brother couldn't even—he couldn't make it to the door, and he didn't know that Swedish [Medical Center] was a block away. I get up and (*clears throat*) I walk over to him, and immediately I can tell he's having some trouble breathing. He goes to talk to me, and I just go in. I mean, I know you got to talk sense to reason, I had to talk sense to reason really quick. I'm like, "Brother, let me help you." And he's kind of fed up and he wants to leave. "Brother, you can't leave. You can't make it to the door." So I get back on the nurse, the charge nurse, I'm like, "Look? Can I bring him back?" And luckily, they had not flipped his bed. If they'd a flip just bed, they'd a told him to wait out in that waiting room, and he couldn't have made it. But I got him back and within fifteen minutes of me getting him back to a bed, and I'm trying to convince him—I'm trying to convince him to stay, and he says to me, (*exhales deeply*) he says, "Why are they treating me this way? I have money. I have good insurance." He didn't understand. And [I said], "Brother look, you need to stay here to get better, till they can get you transferred, if this isn't where you want to be, right. I'm committed to you, I'll be here." And fifteen minutes after I get him in a bed, he's up in ICU [Intensive Care Unit] on life support. I come back to check on him. Isn't good. I think it was later that week is when they finally said "This is COVID." (*clears throat*) At the start of the pandemic, I had Brothers come in, I had Asian men come in, I had Hispanic men come in, and they would sit down and you're talking to a male, Caucasian nurse. And the first time that inflection from that position to a man of color came into play and those men responded out of fear, "Hey, my life values." You have an Asian man who says, "I was at the market this weekend, and some ladies were coughing, (*slaps hands together*) and I'm afraid this is what I have." And that Asian man didn't receive it. It's Why are you talking to me like this and Get out. (*wipes tears*) You can only—you can only hear them treated that way so often. I would pick up the phone and I would make my complaints. This is what I'm seeing. This isn't fair. Just to be told that that was not their priority at the time. Health and safety during

COVID was their priority at the time. I'm sitting back telling them, "You need to put up some signs. People are used to accessing this differently. And this is going to be too much of a culture shock. You need to help people find their way if it's not going to be in this space." It took three months to get any kind of signage to do so. And that was with—luckily, the nurse manager heard me on there, so she advocated for it. But I had to constantly advocate for any kind of change during COVID. Watching those, to me, our failures have been the scariest moments of COVID. Like I said, in the beginning of this whole process to change where you can't do the things that you used to do and the resources aren't there, I can't even—Brother I can't even get you to the next place right now—is and was very difficult. Is and was very difficult. If there's a lesson to be learned in all of this, even the most well-intentioned person, (*exhales*) even the most well-intentioned person makes failures. Maybe if I give those nurses the benefit of the doubt and say that they didn't intend to be the barrier, I think it's more important that you realize you are the barrier to someone else's access, right? You have the person that comes in and they are in a mental break. They are hurting or suicidal. And because you don't like the way they're acting out, should not be reason to kick them out and tell 'em to take their problem somewhere else. They're here to get the help that they need. If you don't feel that their urgency is as important as someone else's, then at least be willing to point them in the direction of help. There were times when I would go in and say here's your doctor, give your doctor a call. And this is after the White nurses said, "That's it. You're out here. Get out." They call security on them, right? Get out. And I go up to security. I'm like, "Here at least give him the number to call his doctor so he can follow up." No, he doesn't get anything. They threw it down on the ground because they're all offended. So (*clears throat*) we need to do better. We need to grow from this place that we're in right now. We need to re-orient ourselves to understanding that everybody needs help, and how they communicate that, the place that they communicate from, we can't always expect someone else to talk to us the way we want to be talked to or to treat us the way we want to be treated. We can't always expect that the employer will do the right thing, even after we bring their concerns forward. We can't make someone treat us right. The best we can do is our very best to stay safe personally, to try and help someone else along the way, and to recognize that the person on the other side of the table may be doing their best. But maybe you need to speak a little better or softer in order to be heard as well, and vice versa. We really need to get to that place. If we could do some kind of worker retraining to pull everyone up to par on a certain level to some of that, I think it's absolutely necessary. To keep jobs, it's necessary. To keep people and patients safe, it's necessary. To keep society and the community moving around us in a safer place, it's necessary.

ASHLEY 01:35:35: Yeah, definitely. That experience, I can tell, really resonated with you. Something—That is a very heavy situation, especially if it's experienced in different facets within your job. Thank you for sharing that with me. Just for reference, there are about ten to twelve more questions, if that's okay.

TASHIA 01:36:04: That's fine. I have time.

ASHLEY 01:36:08: Next question. Can you walk me through a typical day in your life during the pandemic, from the time that you wake up to the time that you go to sleep?

TASHIA 01:36:19: Still up at 3:30 [in the morning]—Well, most days now is 2:00 [in the morning] (*laughs*). I still don't get back home most days till 8:30-9:30 at night. I'm going seven days a week. (*pauses*) If I get tired, like I said, I'm lucky if I get a Sunday off. Typical day of my life: I get up, I go to work. Now, I try more than before, to at least go through the news media and see what's happening around me, once or twice, a couple of times throughout the day. I'm definitely checking my email more throughout the day, to make catching people, members, their concerns, and not just letting people slide by. Still helping people. But in order to get the help to them, or to get them to the help, I feel like I'm being scrutinized. There seems to be this unspoken—like, "Why, why is she going out of her way to help somebody?" You know, "Can't she just sit at the desk and help them from this place?" Maybe that's because we are short-staffed, but I'm uncomfortable not helping people, not doing my best. I definitely see where—and on a daily basis, on an hourly basis, on a moment-by-moment basis—in that space, there are challenges. Now do we do what we absolutely, in every moment people are doing whatever they have to do to save a life? Hands down, number one, at any given moment. So if the weight that they're balanced then against saving a life versus feeling respected then the losing respect goes down. And the value of saving that life is at its highest moment. There are many times, like I said, I see failures. I see gaps. I don't necessarily have the ability right now to be that point of contact because they've limited so much of that. A lot of—a lot of the computer work they've delegated, they had to break it down and so they take in pieces of my job and give a piece here and

a piece there and then piece here and some people say, "Well, will you have a job?" I'll be here till the Lord say something different. When you lose me to the next face. I'm just hoping that I'm brave enough to go. But as long as I'm in my place, and I'm able to help somebody, whether it's a union member or a patient, I'll be in this space doing what I do till I can't. Till I can't. So a typical day. Definitely. Still seeing the same crazy stuff. For right now as long as they're reorganizing and restructuring things, and the power—the balance of power now rests in the hands of nurses and doctors. Pretty much solely (*laughs*) Solely. And that healthcare system, whether you're at Harborview or the University of Washington, or Northwest or Valley Medical, you most likely have a nurse, a nurse manager, or a doctor making choices for you. There are times when I have to say, or take solace in that, and trust that they're going to make choices that keep everyone safe, and that I need to be okay with that. And then there are other times when I just want to go, eh, you still got to do what's right by somebody, and pay attention to the humanity of a life. It's threatening, and it makes you feel challenged every day, to feel like you're—you're bucking against the system to do the right thing by others. You've come home and it weighs on you to feel like you put all on the line to help people every day. And no one knows it. (*sniffles, clears throat*) Yup, my daily day.

ASHLEY 01:41:18: [inaudible] _____. Onto these next questions. I know earlier, you mentioned that you have children or at least one child. And for this, I just wanted to ask, how has childcare and/or school changed during the pandemic?

TASHIA 01:41:44: I'm blessed. I told you that earlier, I'm blessed. So my son is on virtual homeschool. They just opened back up the schools, and we decided to keep him virtual for the remainder of this school year. I'm blessed because my son made the principal's list. So he's always been a smart child and on the honors program, but he seems to be escalating in his potential to thrive in his comfort zone. However, there have been times when I've had to really watch his spirit because I think some of the loneliness, even though he has online friends and all of that, still, I watch and pay attention to very closely. I'm sensitive to his spirit right now. Very sensitive to it. Especially when I see other youth coming in and out of that same hospital space around me, and I see so many youth who are suicidal right now or really broken emotionally. I see them coming through that emergency room. I'm sensitive, sensitive to that.

ASHLEY 01:43:16: So I guess these next/last set of questions will be kind of regarding community/person/industry-specific questions. To begin with, these next few questions will be regarding the Black Lives Matter [BLM] movement. So the Black Lives Matter movement emerged during the spring of 2020. My question is, what are your observations and thoughts regarding this movement?

TASHIA 01:43:51: Regarding the Black Lives Matter movement? (*exhales*) I'm set aside. (*clears throat*) At the start of the Black Lives Matter movement, I felt like I didn't really connect because I had a lot of my darker African American friends who held one philosophy about it that I didn't necessarily connect to on every level. I realized very quickly that we had differences. I didn't agree with everything, just being 100 with you, so I didn't agree with everything. But I agreed with a lot of how it started. And then—let me digress, okay, cause I—this would be a major fail. I shared earlier with you on the part of CBTU, which is the Coalition of Black Trade Unionists, and in the state of Washington, we have—we had several high police brutality or police-involved deaths in the state that were hard fought fights. As an outcome to that, CBTU wrote and sponsored I-200, which was supposed to bring back work labor equality in the state of Washington. Okay, so we had that on the ballot, fighting. My sister, Jackie Walsh—Jackie Jones Walsh led the fight for that, and she perished in the middle of that struggle in 2020—excuse me, 2019. We kind of picked up the banner and put it back on the ballot in 2020. That's right as Black Lives Matter was starting. Most people kind of felt like they had to make a choice, it was either going to be a Black issue or not a Black issue, which was really sad because we really did need worker equality around race and labor in the state of Washington, and we lost that fight. But at the same time, that loss helped fuel the struggle when Black Lives Matter came up in the state of Washington. Out of it, the conversation of equity, diversity and inclusion blossomed. We really had, for the first time, across every enterprise, whether private or public, our counterparts that didn't necessarily look like us who were willing to take up the conversations. And it exploded. Now we have outside help willing to step forward and speak to injustice in the state of Washington. Okay, let's speak to injustice. It's not just police brutality. We have levels of inhumanity or injustice that are occurring everywhere in the daily lives of many people of color in this state. And how do we address them? Luckily, I was able to speak at the healthcare rally for Black Lives Matter in Seattle, Washington that encouraged others, but there were many rallies around there that were focused on how to have productive outcomes. Consequentially, though, that movement, in my opinion, was somewhat, not completely, but

somewhat hijacked, and its origins manipulated. Did they have cause? Absolutely, because Black Lives Matter was going to fight for George Floyd no matter what. The Breonna Taylor's of the world. Like I said, CBTU fought its own fight against deaths here in the state of Washington. And we do still continue to fight for some of those as well. We're fighting in leading the charge in the area of police reform in the state of Washington. Some of those outcomes you'll hear more about again this year, and we had a few outcomes in 2020. We're leading the fight in that area, along with many of the Indian reservations here in the state of Washington. Those are your constituency groups working with the House of Labor, making real effective change happen for us. *(clears throat)* Excuse me. Black Lives Matter. Effective. Effective from the standpoint that now in your workplace, you've had a conversation. You are starting to at least consider that maybe systemically some things do need to change and/or are ready to change. That's just the intersection of where we are with that. At an intersection. And then we get to the summer of love in Seattle, Washington that the entire nation saw that didn't necessarily give a rosy picture to who we were. The violence. The destruction. I mean, a movement, like I said that was really infiltrated, manipulated, but its origins really, really stood strong. It's held its ground, and I think its time is now. But its time isn't just for Black Lives Matter anymore. We've had our Asian brothers and sisters abused along the way and now we need to stand up for them. We have our Latino brothers and sisters that are still fighting their fights right now. We should all be standing together in this struggle to redefine equality. To redefine discrimination. How can you know when you're being discriminatory if the state of Washington doesn't have a definition for it? And it doesn't, I checked. The closest that they come is any reference to a Webster's definition for discrimination. But discrimination is so far and above that. When you're outnumbered, that's discrimination, believe it or not. It's just an unspoken version of it that has access to be used against you. You have the injustices of life that maybe we need to change the lens that we look out of, and/or how are we operating? Is it through a lens that says, we may need to change some areas. So I stand behind the Black Lives Matter movement. Yes. I think, as I said earlier, its time is now, yes. I would like to see us after the George Floyd verdict *(clears throat)* this week. I would like to see us stay united, though, on this front, at least one front of perhaps police accountability. I know in the House of Labor every single time we've tried to address it, and we actually represent state, county and municipal employees. There you have it. And some of those are law enforcement officers, officers, probation officers, correctional facility officers. So every time we try to entertain this conversation, we are met with—*(mm)* we had long, hard fights to get the protections that they wanted. On the other side of the table, you have the community-at-large saying, "Maybe it's time to change". I think finding a balance in that struggle, it can be had. It's going to need some moderation, but I think with the Black Lives Matter banner leading the forefront of it, I think it might be well-served at this particular moment in time to focus on one issue at a time. If that one issue is going to be healthcare, then we go all in and make sure healthcare and access to it is safe for everyone. If that issue is going to be public safety, we go all in and we make sure public safety is safe and had by all. The time is now. On every hand, on every hand. No one person should feel unsafe. I hate to say it, but I have had my Asian coworkers, my girls *(sniffles)* they say to me, "Oh, Tashia, look over here. I had to buy me a stun gun so I can make sure I get to work safe now," because Asians are being attacked trying to get to work, come on now. They're afraid to leave in the evening. *(pauses, shakes head)* We stand with you and we need to do a better job about protecting you.

ASHLEY 01:53:36: That is very wonderfully said, and I agree with many of your points. Definitely. Next question, also regarding the movement, can you describe how you or your union were involved or impacted? And what connections have you seen between the BLM movement and the pandemic?

TASHIA 01:54:02: Okay, so, me personally. So prior to the pandemic, personally, within my union, there have been racial inequalities or inequities that have hindered our ability to be successful in the fight for equality. Just as we reach a point where we feel like we're getting on some solid standing ground, the pandemic hits. Now everyone, thanks to the Black Lives Matter movement—people say they're willing to entertain the thought, and so we have these resolutions out there, and you have all these great ideas that they say yes, they're willing to implement it, but the actions behind them—*(sniffles)* excuse me—are really not as all-encompassing or as impactful as we thought they would be. Partially because there's no in-person commitment right now, everything is virtual. The power of a conversation is what we have right now. The ability to say we'll commit to one another is what we have at this particular moment in time. But I think we need some impactful change to be attached to some of the things that we said we would do and plans to make that change happen. In our local, what we have been able to do at Harborview Medical Center is we have, in our contract, asked that each labor union at Harborview Medical Center has a table—a seat at the table with a management on the topic of equity, diversity and inclusion. We had it first. Out of that table, the University of Washington, that larger entity, made a

commitment to equity, diversity, and inclusion, and it brought in its own director. A conversation they were never willing to have before. All during COVID, right? Now, that's a management lead table. How do you get all these people to agree? It's difficult. How do you get them to stay focused? It's difficult. Have there been some diers in the process? Absolutely. People say, "I've given this my all. I can't do it anymore. I can't going further." But there are others who are committed, who are still in the fight to seeing effective change across this enterprise. And it will happen. However, when I talk to my constituents, excuse me, and my counterparts, my other state employees around the state of Washington, do their institutions offer those same opportunities? Not many. There are some institutions that entertain the conversation, but many more still do not. And so I think at this particular moment in time, I know I have asked in the past, and there are resolutions out there to ask the state of Washington to take up this struggle on a broader level. I know for a fact there were committees for equity and diversity and inclusion at the state level, but that they had to diversify during COVID, so that those resources could be better utilized in other places. I think right now, we need to probably double down on ensuring that we don't lose ground in this area, that we began to pull in all of our players around the different counties. If the state's resources are used here, and the county resources are still available, then maybe we need to start pulling our counties together. Maybe we need to reach out to healthcare institutions around the state much like management does and begin to set our own goals for what we want those enterprises to ask for. If it's that we have to go to the federal level—we ask OSHA [Occupational Safety and Health Administration], we ask, excuse me, WHO, or one of these other groups too—and that's not the World Health Organization that I'm talking about, there are some other federal agencies that govern through Medicare healthcare that affects us here in the state of Washington and [inaudible] _____. We need to learn to access—we need to learn to access to the Department of Health and its power to govern institutions that access its resources. We need to go with a counter ask every time. Every time. There shouldn't be a year when we don't come to the table and say we have an ask of you, knock, knock, knock. And we want this ask to be along the lines of equity, labor, and inclusion, and diversity. So yeah, right. Set some priorities, and if you don't ask, mom'd say, "Closed mouth don't get fed". (laughs) So we go, but we go united together.

ASHLEY 01:59:26: 100 percent. You put it really wonderfully. I couldn't even string the words together to say it like that, but definitely, definitely. Yeah, so kind of going back into the realm of healthcare, a few more questions about that. What was your experience with coworkers getting and wearing masks? And then what about patients?

TASHIA 01:59:58: My coworkers wear their masks. When we were finally able to get PPE, regularly, that wasn't an issue for the staff working there—well, I take that back. I take that back. I'm [going to] share something with you. So at the beginning of COVID, beginning of COVID, I had just been fitted for my (pauses, thinking)—they make you wear special masks. I had just been fitted for my masks right before COVID. And the hospital had said, Oh, we're going to be going to this new mask. We want you to be sized for that. I did it. COVID hits. You need to be resized. I go in, I do it. Now COVID really hits and the mask mandate comes down. But those masks were reserved for nurses.. When COVID was just starting at its scariest point, and the feds announced that COVID has hit, this nation is shutting down. I go into work, and my White counterpart somehow had gotten a bag of these masks. He's passing them out to other Whites. (pauses) I'm sitting there. Never once asked me if I want one. I didn't have a mask. He had a bag full of masks. It's like my health didn't matter. You're on your own, Tashia. And people were stealing. They stole the sanitizer. They stole the masks. They stole everything. And you're on your own. And I remember (pauses) thinking, asking, because I couldn't—I'm not the best sewer—but I remember asking the lady that I met online who I'd never met [in-person]. But she says to me, "Tashia, I have some masks here. Would you want them?" And I said, "Yes. I need them." She mailed them to me. She made sure that other people that she knew mailed me masks. I couldn't be more grateful. I just—there were people in the community who started to give to us there in the emergency room. They would drop off masks and I would be like, "Yes," you know, "I have three bags—three boxes of masks." And here would come a nurse, "Somebody dropped off the masks? We need those." And the nurses would take those same three boxes—all of the boxes, not like take out three, you could have this and we'll take the rest. They took the whole three boxes, and still left you without a mask. Do you get where I'm coming from? Like, it felt very wrong, and unsafe. It got better. It got better. (clears throat) Now, do I feel like I still have those same barriers? No. But do I feel like I have all that I need to protect myself in terms of knowledge? Still, I'd have to say, not always. I try to catch people when they come before me. We have screeners out there. I still catch stuff that walks up to me raw. But the nurse who sits next to me, that triage nurse, she's catching so much more that I missed and not once do they come back and say, "Hey Tashia, double down on your desk and make sure that it's clean so that you stay safe." No, they don't do that. They don't go and say, "Tashia, wash your hands. There might have been something here." They don't

do that, you're just on your own to stay safe. It's really that feeling like you're in it alone and that you have to use your mind and your survival skills every second of the day to stay as healthy as you can. That's really where I'm at.

ASHLEY 02:04:38: Yeah, and I know you just mentioned regarding cleaning the workplace. Can you describe other issues or practices around cleaning workplaces?

TASHIA 02:04:49: Yes. When I fought for—when I first brought forward the issue of hazard duty pay for our staff and our members (*clears throat*) excuse me, Governor Inslee asked, but his ask was specific to environmental services and housekeepers, that if they had in their job description to perform more duties to stay safe, they were or should be entitled to hazard duty pay. But his description was specific for those job titles. Unfortunately, as state workers, we bargained for our contract and that healthcare benefit was not part of the contract. Healthcare, environmental services workers, housekeepers that work for hotels or worked for private hospitals, they saw hazard duty pay. As state workers under our contract, they did not. To perform my duties or to work where I work, the risk is real. We're—I'm very diligent. I tried to do between each and every patient, points of contact, and never nothing. So now the CDC recommendations have changed yet again, and they're saying it's not necessary. Well, it was necessary last month or it was necessary six months ago to stay safe. But I think it might be slightly tied to this issue of hazard duty pay and the risk that people take in order to stay safe or to keep the public safe. That measurement is, unfortunately, not inclusive of all job titles and job descriptions, even though we're there and you have to. You just have to. I would want someone to do that for me, or for my loved one, because there could be my mom that comes and sits down at your desk or in your space. My loved one, right? And do I really want them exposed to what the person before them may or may not have had, no, so I'm gonna do it.

ASHLEY 02:07:12: That's really great. It's really, really important. And I can't imagine how things are dialing back when we're still in a state of so much uncertainty. And thank you for continuing to do that, and being great at that. And so next question, how have management's policies evolved over the pandemic? And how did workers respond?

TASHIA 02:07:40: Yeah, we talked about the hierarchy that exists in healthcare right now. Most of those choices are being made by nurses and doctors, and unfortunately, they're being made to protect those care teams first. When you ask Why are those choices being made? Those choices are being made because they say they have the most patient contact time. According to the CDC, according to most healthcare enterprises, the assumption is if you spend fifteen minutes or more in the presence of a patient, then you are deemed worthy of hazard duty compensation. You are deemed to be in a more hazardous position or placed at risk more than someone who is in their presence less than fifteen minutes of time. Unfortunately, they don't give any consideration to shared spaces. They don't give any consideration to the number of COVID-positive patients you may be encountering in a day, in a week, or in a month. They don't give any consideration to the fact that you could be working with someone who is COVID-positive until they have tested positive. There's no consideration given across the board to the safety of the space that you're in for twelve hours at a time. None, right. You're there at your own risk is how this feels. So the power structure, as I said, supports one group of people: nurses, doctors, sometimes the MA depending on how they form their teams in their workspaces. Some teams support their amazing HA [hospital assistant], some teams do not. When they have restructured, they've restructured from that place of provision. Because they quote unquote (*air quotations with fingers*) know what's needed in those spaces. That's something that existed before but not as much. We had the Daisy Awards before that recognize the contribution of nurses throughout the course of a year. Now you have the Daisy Award, the Nurse of the Year award, the Doctor the Year award (*exhales*) you know! We had patient access last weekend, we didn't even get an email. I had to send an email out to my entire team because management completely forgot to say thank you for working for this past year. You get where I'm coming from? Like, you don't even matter. It's not you—we're not their priority. So the—(*exhales*) there is no balance of power there. Not in the work setting proper. When we have concerns normally, you have to take the House of Labor with you to a human resources to a labor management table to have any of those kinds of issues addressed, so that we can make change happen or make your space safer. Otherwise, on an individual basis, you're the bottom person on the rung, and you're most likely asking alone, right now. So you need help.

ASHLEY 02:11:35: Well, we will be moving into the last set of questions that are more reflective in nature. So how do you think life will be different after this? And by this, I think it means the pandemic but you can interpret it how you would like.

TASHIA 02:11:56: (*exhales*) How do I think life after COVID will be? (*clears throat, pauses*) Sadly, I think long term, I question how many people will still be gainfully employed, meaning they hold jobs where the job market will be shifting to. (*pauses*) Remember, we've introduced technology during COVID. We've placed a value on it now because technology was able to move when people were not. It's going to be difficult to pull back from that now that it has its place in the workforce. It has its place in healthcare. It has its place in the daily lives of individuals. I think we will need to entertain the conversation of how do we balance technology with human labor? I think we will need to set some governance around that, how we conduct business online, how much intellect we're willing to give a computer over the intellect of human life, over the value of human life, how much governance there? Will we still require some human labor to manage that? (*clears throat*) Excuse me. I think that we need to look broadly at many of the infrastructural changes that are now known to be necessary for the existence of everyone. Even if the feds do not implement some kind of internet minimums for each and every household, maybe it's time for the state to entertain those conversations so that we are prepared should another event like this occur. It's the reality where life has moved and shifted to. We need to really look closely at how prepared our school system was to move our children into a more technology-based structure and how it's placed in the global economy moving forward so that they're prepared for life in the future. I think we may need some worker retraining so that those that are already of working age can stay engaged, can stay gainfully employed, and they can begin to empower themselves for new job markets. I'm very pro-worker. So I speak a lot to the House of Labor, please excuse me for that. I think that there are many health and safety issues that need to be prepared for that are now obvious to us. We may have had health and safety teams before in different—across different industries or enterprises. What's important now is that we need to learn to encompass the very issues that we had been fighting for out of the House of Labor. We were fighting for women's rights, we were fighting for her right to have time off when she was pregnant because we said maybe her body can't carry that load. Well, now you see the value in it, and you see the necessity for some of these health implications that can come on people and the weight that it really actually bears on them. Maybe we need to make some provisions around some of these healthcare issues. I think that technology will govern our transportation structure, which involves our scheduling, across different enterprises, how shifts are compromised—excuse me, comprised—how people get to and from. What will those safe working spaces look like post-COVID aren't conversations that the average union have been invited into yet. Right now, those spaces are still inhabited by doctors and scientists, and we need to have labor involved in that conversation moving forward. I think that with respect to the diversification of money and finances and resources, and its priority on labor in the state of Washington, so that we're not in this place again, where you have workers who are committed to community service when the state needed it most, who couldn't be afforded to be present. We need to look at that and we need to hold the state accountable to that where we set minimums and say this is the minimum that the state needs to stay afloat and available for its citizens, no matter what. And actually commit to it where it's uncompromisable. I think that in health—in healthcare, our commitment to not just people of color but to the community around, we need to actually sit back and say maybe we can do a better job by our seniors and some of these long-term care facilities, our commitment to them. Our commitment to the obvious, sick and shut in people, they may have had strokes or gotten COVID during this time, but that was just what put them in that place, and then once they became disabled or handicapped, getting what they needed was and is a whole 'nother battle. I think that the shift from mental health issues and behavioral health issues in this state is really going to be on the rise. While there might be a commitment to dedicate funds for them, to my knowledge, we have \$2 million coming to Harborview to help fight this battle, where we can be a lender in this area—excuse me, a leader in this area. However, I don't see any real commitment to bring in everyone for outreach. I don't see the outreach efforts being all-inclusive. I'm talking about now it might look different. The person who needs mental health resources isn't just the crazy person you see walking down the street, that's going to be your mother, your sister, your brother, your son, your daughter, the person you're working right beside. They get up, come to work every single day, but they're broken. We don't necessarily want that to be a barrier. We don't want them to feel stigmatized, because truly we have been through hell. Four years of hell and COVID is taking its toll on society. (*clears throat, exhales*) I think we need to look at, very seriously, death in healthcare. I brought that issue forward, but it seems to have fallen on cold ears because now, the last time too many people see their loved one is before they walk into an emergency room or into a healthcare setting. They never get a chance to say goodbye. They may never get a chance to see a body again. (*shakes head*) You don't get to see mama's face anymore other than when you walked her through the door. I would love it if healthcare would make space for that. Once someone has taken their final breath and said goodbye, please afford families the opportunity to say goodbye before they can't, to at least bring some form of closure because right now you have a hurting nation, a hurting state. You have some healing that needs to occur there. Then you have business, and

you have big business in this state, and you have small business in this state. I think no one really has put it together long term. We're so busy trying to come back for the immediate future that the long term stability of this state, if you think about it, you put another ten years on this to kind of recoup and recover economically from COVID, many people are going to be seniors, maybe no longer in the workforce. I don't see any efforts or energies being placed on the preparedness for the—that tsunami, I really don't. That economic tsunami where you have women of color, people of color—all colors, mind you, all colors. We barely recovered from the last epidemic—excuse me, economic downturn in 2008. You had women just getting back to work 2015, 2016, 2018, and then COVID hit. So they've never really had the opportunity to recover financially. And now you go into cover—COVID. So you're talking twenty, thirty years of economic deprivation, and then they have to head into retirement. How do you make that right? How do you make it so you don't have whole generations of people living in poverty? You have to address some of this. And you can't institutionalize everyone. I think that conversation needs to be had soon. How are we going to take care of our seniors? (*clears throat*) I think we need to begin to set some priorities. We need to—we need to begin to set priorities, so that our students, so that our children, so that those that come after me, so that those who watch this video, they won't just hear COVID. They won't just hear, This is what we survived. This was my hope for an outcome. My desire is that they're stronger and better people because of it. That they're more well-rounded emotionally, physically, financially, to endure, should something similar to this or worse occur. That they're better prepared for, but that they have a mindset that says, "I can find my way. I may not have a path. I may not have anybody laying things out in front of me. But I know I can find a way." That's more important to me. Yeah, when we look back over this, if we pay a cost, we pay a cost. But I hope it's for the betterment of everybody like looking on down the road. We should have better scientists. We should have better technology out of this. We should have so many more things where we've grown from this place.

ASHLEY 02:24:28: Yeah, most definitely. That was a great and well thought out answer. I do agree with a lot of the things that we will need to think about after, like [inaudible] _____. What has surprised you about this period of time?

TASHIA 02:24:52: During COVID? What I kind of knew, but I think has played a bigger part than I had anticipated, is politics and public policy, how they are controlling resources, access, what this picture looks like. The people at those tables pretty much all look alike and their conversations are pretty shared. I sat at a table, an EDI [equity, diversity, and inclusion] committee table a week ago. Three people of color are there, everyone else is Caucasian, and I'm like, "Look, we need to gain ground. We put a lot on the line. We need to go after this." And then you have the Caucasian lady who steps up and says, "Yeah, but that's not a priority to us, we don't really care about that." But that entire table is like her. They don't really care about that, that's still our issue over here in this box, and what they care about, we're outnumbered on. Like I said, that's surprising to me, where I thought we had a lot of commonality, and I thought, after everything that America has been through, after everything that this state has been through, that we all kind of felt the same way, we all knew what we didn't like. We've seen the—we've seen the worst, and we know we don't like the worst. But we can't all agree how to get to the next place. Sometimes when I think about it, I say many people recognize it's because we have different philosophies. You're either extremely conservative or extremely liberal. What I wasn't anticipating is this place at these tables and our mindsets, and so the need to have some kind of moderate, temperate conversation, the need is there, but the ability to do so is lacking. Those that attempt to be at the table in those places, they feel like they're being run out like they don't have any place to identify right now. They don't have people at the table that look like them, or that share that place, or that there's space to find the commonality right now. It seems to be an all-or-nothing. That really—I did not know it would play as big a part in society as it has played. I'm surprised from that place. I'm surprised by the anger and the violence in the frustration that people seem to find solace in, rather than the love and the compassion in the humanity of life. (*long pause, exhales*) I wonder. Can we just put some of the stuff behind us and agree to move forward?

ASHLEY 02:28:42: [inaudible] _____ As for the next question, can you, if any, reflect on positive experiences during the pandemic?

TASHIA 02:29:15: Positive experiences? (*breathes deeply, pondering*) I don't want to seem like there haven't been any 'cause there have been. I'll give you an example. In my waiting room one day, two homeless men are there. One young guy. You could tell he's really struggling at life, like he's in a hard place. Physically, he's in a hard place. [Closed?], just, he must have been down a long time. And there's—there was this white homeless man sitting next to him that was older, maybe late forties, early fifties. He's struggling, but he's not in as hard a spot as the young guy. And the homeless white

guy, the older one, reaches in his bag and he pulls out a little tin, and he has some nuts in it. He opens it up, first time, turns to the young guy, and he says, "Would you like some?" And the young guy was hungry. He reaches in with two handfuls. He takes the majority of this old man's nuts, but he's so hungry, he just starts eating. Like I said, you could tell that this young guy was hurting. And then I saw the older man who had just given him what he had, look down at what was left in his tin, he took out another two, and he put it back, and he put it back in his bag because he knew he had to save his resources. *(pauses)* And that stuck with me. It stuck with me. I didn't forget it. We may—*(clears throat)* we may have to make some tough, tough choices—all of us. We may have to share a little bit with somebody else. Just when you think this world is completely out of control, you see a little bit of humanity. You see a little bit of heart. A little bit of hope. In every day. In every day.

ASHLEY 02:32:24: [inaudible] _____ Last two questions. Any other thoughts you'd like to share? Or what have we missed that is important to talk about?

TASHIA 02:32:46: Share thoughts. *(sniffles, pauses)* I really have a heart's passion, I hope it comes through if it hasn't, but I really have a heart's passion to see people gainfully employed for the future, to see our youth fully prepared for the future. *(pauses)* If we thought we had a plan before, many of those plans look different. I think that just because we've been able to do the things that we've been doing for so long, we assume that those things will always be there. But I think what's more important is for us to recognize that work and labor may look different soon. I think *(pauses, exhales)* you'll see people who seem like they're really up in life, but they can fall quickly. You'll see people who are not at the top, struggling, but if they work together, they'll eventually make it. There's room for growth and there's room for change. It's what we make it. I think that brother to brother, sister to sister, person to person, we got this. It's a hard conversation to have, but we got it. We can do this.

ASHLEY 02:35:09: Well, that is all the questions that I had. Thank you so, so much, Tashia, for your time and your thoughtful answers during this interview. I'm going to be pausing the recording, but I do have a couple more questions and clarifications before I end the Zoom call, so if you can stay back for a couple more minutes, that would be great. But thank you, thank you.

TASHIA 02:35:34: Thank you so much for inviting me today.